

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

ROY COOPER GOVERNOR

MANDY COHEN, MD, MPH SECRETARY

ANNA CARTER DIRECTOR

TO: Family Child Care Home Operators

Thank you for your interest in participating in North Carolina's Star Rated License System. This information includes an *Initial Application for Assessment for a Two Component Star Rated License* and instructions to get the rated license assessment process started. First, complete the *Initial Application for Assessment for a Two Component Star Rated License*. This completed application, along with other supporting documentation, should be submitted directly to your child care licensing consultant. Please follow the instructions below when completing the application.

Part I Education Standards

Use the Education Standards section to record all your experience and education. To have your education documentation evaluated by the Workforce Education Unit, you will need to apply and/or upload education documentation, except for official transcripts, through your Workforce Online Reporting and Knowledge System (WORKS) account. Official transcripts will be mailed to the Workforce Education Unit within the Division of Child Development and Early Education. For more information about WORKS, visit the DCDEE WORKS tab http://ncchildcare.nc.gov/general/mb_dcdeeworks.asp on the DCDEE website www.ncchildcare.nc.gov.

Part II Program Standards

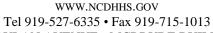
Check all boxes that apply to your family child care home. You must develop written Operational Policies to qualify for more than one point in program standards. If you are applying for three through seven points, a Family Child Care Environment Rating Scale-Revised (FCCERS-R) will be conducted. Your score on the FCCERS-R assessment will influence the point level you receive.

Part III Quality Point

You may choose to earn one quality point towards the total points earned on your rated license assessment. In this section, you will indicate all the quality point options your program meets. During your rated license assessment, your child care licensing consultant will verify your program meets at least one option.

Part IV Required Signature

Sign and date the Application and send the application directly to your child care licensing consultant. In addition, send a copy of your in-service training log and operational policies, if applicable. Remember to mail your original transcript to the Education Workforce Unit. For rated license requirements refer to the Voluntary Enhanced Requirements in Section .2800. Contact your child care licensing consultant, if you have any questions. Your child care licensing consultant will schedule a visit to review all requirements after receiving your Application and other supporting documentation. After the visit your child care licensing consultant will request for the FCCERS-R assessment, if needed.



Staff Information Sheet for Rated License

	IL FORM TO CHILD C	(Consultant Use Only)													
Fac	cility Name:	Date Rating Scale Scheduled:													
Fac	cility ID#:	Date received rated license application:									D	Date of Rated License Visit:			
Co	nsultant Name:	Date requested additional supporting documentation: Date received all required information to begin process:									D	Date 3 Year Assessment Due:			
				Check position for which evaluation is requested*					nich ed*		(Consultant Use Only)				
	Legal FIRST Name (No Nicknames)	Legal LAST Name	Last 4 digits Social Security # (Required)	А	L T	Т	PC	G L	F C C H	Date Of Hire at this Facility	Proposed Point Level (Verify all required paperwork is attached or already mailed to Workforce)	reviev WO (Writ	mation wed in RKS e Date ewed)	Need Workforce Evaluation (If yes, write name on Expedite Request form sent to Workforce)	Comments
1															
2															
3															
4															
5															
6															
7															
8															
9															
1															

PRINT CLEARLY

*Positions A: Administrator LT: Lead Teacher T: Teacher

PC: Program Coordinator GL: Group Leader FCCH: Family Child Care Home Provider 3/2013 Regulatory Services Section DCDEE.0116

INITIAL APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE

Facility Name	Facility Id#						
PART I Education Standards (Rule .2817)							
Fill in all information that applies to you:							
Number of years/months of full-time Early Childhood Work	Indicate # of Years: Months:						
Experience (in a licensed child care center or licensed home)							
Number of Training Hours taken in the last 12 months	Indicate # of clock hours:						
(workshops, community college classes or conferences)							
Has NC Family Child Care Credential or equivalency (submit	Yes, indicate date completed:						
copies of certificates)	, , , , , , , , , , , , , , , , , , ,						
Has completed semester hours in Early Childhood	Indicate # of semester hours:						
Education/Child Development							
Date my ORIGINAL College Transcripts were mailed to the	Date:						
Workforce Education Unit at DCDEE							
Trondered Education officer popular							
Part II Program Standards (Rule .2828):							
Check all that apply to your Family Child Care Home:							
☐ I have enclosed a copy of my Operational Policies							
☐ I would like to have the Family Child Care Environment R	ating Scale – Revised (FCCERS-R) completed						
☐ I enroll no more than 4 children under age one							
<u> </u>							
☐ I enroll no more than 3 children under age one							
Part III Quality Point (Rule .2829):							
Indicate the quality point option(s) your facility meets:							
Education Options:							
Has obtained an Infant/Toddler Care Certificate							
Has a BS/BA or higher in Early Childhood/Child DevelopmentHas completed 20 in-service training hours in addition to required annual hours							
nas completed 20 in-service training nours in addition to required annual nours							
Program Options:							
	ulum Name·						
Uses an age/developmentally appropriate Curriculum (Curriculum Name:)Has completed a Business training course (Name/Date of course:)							
Reduced enrollment to no more than four preschool age children							
Serves no more than two infants under age one							
Oorvoo no moro than two infante and of ago one							
I certify that I have given true, accurate and complete information of	on this form, and all accompanying documents, to the best of my knowledge.						
Operator Signature	Date Completed						
oporator digitatare	Bate completed						
DCDEE USE ONLY							
Date Received	Consultant Signature						
Command Committee on History or the form	÷~ 0/						
Current Compliance History score from to _	1S						